

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

14 APR 21 AM 10:25 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

CLEMENTS FOR NM

ADDRESS (number and street) PO BOX 876 MESILLA PARK NM 88047

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

C00553248

3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT NM 00

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

- (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of
(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2014 through 03/31/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ana Maria Salazar

Signature of Treasurer Ana Maria Salazar Date 04/29/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3 (Revised 02/2003)

14020303144

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CLEMENTS FOR NM

Report Covering the Period: From: ^{M M / D D / Y Y} 01 / 01 / 2014 To: ^{M M / D D / Y Y} 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	40523.75	54127.96
(b) Total Contribution Refunds (from Line 20(d)) ...	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	39523.75	53127.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	43967.93	48081.83
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	43967.93	48081.83
8. Cash on Hand at Close of Reporting Period (from Line 27)...	7497.25	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14020303145

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 40

Write or Type Committee Name

CLEMENTS FOR NM

Report Covering the Period: From: ^{M M} 01 ^{D D} 01 ^{Y Y} 2014 To: ^{M M} 03 ^{D D} 31 ^{Y Y} 2014

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)...	27850.00		37872.00
(ii) Unitemized.....	12673.75		16255.96
(iii) TOTAL of contributions from individuals ..	40523.75		54127.96
(b) Political Party Committees...	0.00		0.00
(c) Other Political Committees (such as PACs) ...	0.00		0.00
(d) The Candidate.....	0.00		0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	40523.75		54127.96
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..			
	0.00		0.00
13. LOANS:			
(a) Made or Guaranteed by the Candidate...	0.00		0.00
(b) All Other Loans...	0.00		0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00		0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ...			
	0.00		0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....			
	55.00		55.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	40578.75		54182.96

14020303146

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 40

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	43967.93	48081.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	1000.00	1000.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	1000.00	1000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	44967.93	49081.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	11886.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	40578.75
25. SUBTOTAL (add Line 23 and Line 24)...	52465.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	44967.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	7497.25

14020303147

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 40
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

A. Full Name (Last, First, Middle Initial) American Gun Culture Club		Date of Receipt M M / D D Y Y Y Y 02 23 2014
Mailing Address 3037 Missouri Ave		Transaction ID : SA11AI.4853
City	State Zip Code	
Las Cruces	NM 88011	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Acceptable Funds Verified
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) Rowena Baca		Date of Receipt M M / D D Y Y Y Y 02 15 2014
Mailing Address P.O. Box 215		Transaction ID : SA11AI.4825
City	State Zip Code	
San Antonio	NM 87832	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Self	Restaurant Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

C. Full Name (Last, First, Middle Initial) Jeanie Bacas-Coates		Date of Receipt M M / D D / Y Y Y Y 02 27 2014
Mailing Address 2637 North Albertson		Transaction ID : SA11AI.4859
City	State Zip Code	
Hobbs	NM 88240	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		In-kind - 500 tee-shirts
Name of Employer	Occupation	
self	Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	2550.00
TOTAL This Period (last page this line number only).....	

14020303148

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

A. Full Name (Last, First, Middle Initial) Don Biad		Date of Receipt M M / D D Y Y Y Y 01 28 2014	
Mailing Address 2240-A Pepper Rd		Transaction ID : SA11AI.4760	
City State Zip Code Las Cruces NM 88007	Amount of Each Receipt this Period , , 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Business owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1000.00		

B. Full Name (Last, First, Middle Initial) Sharon Billington		Date of Receipt M M D D Y Y Y Y 03 17 2014	
Mailing Address 7345 Rassaf Circle		Transaction ID : SA11AI.5202	
City State Zip Code Las Cruces NM 88005	Amount of Each Receipt this Period , , 1500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation none retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1500.00		

C. Full Name (Last, First, Middle Initial) Frank Bottema		Date of Receipt M M D D / Y Y Y Y 03 21 2014	
Mailing Address PO Box 67		Transaction ID : SA11AI.5242	
City State Zip Code Carson NM 87517	Amount of Each Receipt this Period , , 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation none retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 500.00		

SUBTOTAL of Receipts This Page (optional).....	, , 3000.00
TOTAL This Period (last page this line number only).....	, ,

14020303149

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 40
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

A. Full Name (Last, First, Middle Initial) Robert Carnes		Date of Receipt M M D D Y Y Y Y 01 20 2014	
Mailing Address 2609 Eastridge Dr.		Transaction ID : SA11AI.4719	
City Alamogordo	State NM	Zip Code 88310	Amount of Each Receipt this Period , , 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer WSMR	Occupation Radar engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 250.00		

B. Full Name (Last, First, Middle Initial) Robert Carnes		Date of Receipt M M D D / Y Y Y Y 03 25 2014	
Mailing Address 2609 Eastridge Dr.		Transaction ID : SA11AI.5285	
City Alamogordo	State NM	Zip Code 88310	Amount of Each Receipt this Period , , 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer WSMR	Occupation Radar engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 500.00		

C. Full Name (Last, First, Middle Initial) Jerry Clark		Date of Receipt M M D D Y Y 03 25 2014	
Mailing Address 1688 Stone Mountain Lane		Transaction ID : SA11AI.5284	
City Las Cruces	State NM	Zip Code 88011	Amount of Each Receipt this Period , , 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1050.00		

SUBTOTAL of Receipts This Page (optional).....	, , 550.00
TOTAL This Period (last page this line number only).....	, ,

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 40	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

A. Full Name (Last, First, Middle Initial) J Colquitt		Date of Receipt M M / D D Y Y Y 03 13 2014	
Mailing Address 301 Paseo Real Drive		Transaction ID : SA11AI.5190	
City State Zip Code Chaparral NM 88081	Amount of Each Receipt this Period , , . 250.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , . 250.00	
Name of Employer Self	Occupation Business owner	Election Cycle-to-Date , , . 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , . 250.00	

B. Full Name (Last, First, Middle Initial) Jeff Connole		Date of Receipt M M / D D Y Y Y 03 29 2014	
Mailing Address 2980 Fair Lady Ln		Transaction ID : SA11AI.5375	
City State Zip Code Las Cruces NM 88005	Amount of Each Receipt this Period , , . 500.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , . 500.00	
Name of Employer self	Occupation Business owner	Election Cycle-to-Date , , . 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , . 500.00	

C. Full Name (Last, First, Middle Initial) Josh Dwyer		Date of Receipt M M / D D Y Y Y 03 03 2014	
Mailing Address 2503 Heritage Ridge Dr		Transaction ID : SA11AI.4879	
City State Zip Code Las Cruces NM 88011	Amount of Each Receipt this Period , , . 250.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , . 250.00	
Name of Employer Scott Hulse PC	Occupation Attorney	Election Cycle-to-Date , , . 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , . 250.00	

SUBTOTAL of Receipts This Page (optional).....	, , . 1000.00
TOTAL This Period (last page this line number only).....	, , . 1000.00

14020303151

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 40
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (in Full)
CLEMENTS FOR NM

A. Full Name (Last, First, Middle Initial) Anna Emerick-Biad		Date of Receipt M M D D Y Y Y Y 01 16 2014
Mailing Address 4008 Fiesta Drive		Transaction ID : SA11A1.4715
City State Zip Code Las Cruces NM 88005	Amount of Each Receipt this Period \$, \$. 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Business owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$. 1000.00	

B. Full Name (Last, First, Middle Initial) Michael Fulp		Date of Receipt M M D D Y Y Y Y 03 17 2014
Mailing Address 2421 Tapia Blvd. SW		Transaction ID : SA11A1.5206
City State Zip Code Albuquerque NM 87105	Amount of Each Receipt this Period \$, \$. 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Business owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$. 500.00	

C. Full Name (Last, First, Middle Initial) Matt Gaddy		Date of Receipt M M D D / Y Y Y Y 01 09 2014
Mailing Address 1810 E. Lohman Ave.		Transaction ID : SA11A1.4680
City State Zip Code Las Cruces NM 88011	Amount of Each Receipt this Period \$, \$. 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Business Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$. 2000.00	

SUBTOTAL of Receipts This Page (optional).....	\$, \$. 3500.00
TOTAL This Period (last page this line number only).....	\$, \$.

14020303152

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Larry Gregory		Date of Receipt M M / D D Y Y Y Y 01 15 2014	
Mailing Address 1407 W Orchard Lane		Transaction ID : SA11AI.4713	
City Carlsbad	State NM	Zip Code 88220	Amount of Each Receipt this Period , , . 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Business owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , . 1000.00		

Full Name (Last, First, Middle Initial) B. David L Harris		Date of Receipt M M / D D Y Y Y Y 03 30 2014	
Mailing Address 13408 Summit Hills Rd NE		Transaction ID : SA11AI.5381	
City 13408 Summit Hills Rd NE	State NM	Zip Code 87112	Amount of Each Receipt this Period , , . 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , . 300.00		

Full Name (Last, First, Middle Initial) C. Brian Haydon		Date of Receipt M M / D D Y Y Y Y 03 30 2014	
Mailing Address 1835 Portland Avenue		Transaction ID : SA11AI.5385	
City Saint Paul	State MN	Zip Code 55104	Amount of Each Receipt this Period , , . 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer TKDA	Occupation Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , . 500.00		

SUBTOTAL of Receipts This Page (optional).....	, , . 1350.00
TOTAL This Period (last page this line number only).....	, , .

14020303153

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
CLEMENTS FOR NM

A. Full Name (Last, First, Middle Initial) Debbie Hill			Date of Receipt M M / D D Y Y Y Y 03 24 2014	
Mailing Address PO Box 847			Transaction ID : SA11AI.5273	
City Mesilla Park	State NM	Zip Code 88047	Amount of Each Receipt this Period , , 500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 500.00	
Name of Employer Self		Occupation Business owner	Amount of Each Receipt this Period , , 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 500.00		
B. Full Name (Last, First, Middle Initial) James Hill			Date of Receipt M M / D D Y Y Y Y 03 21 2014	
Mailing Address 1729 Juniper Ave			Transaction ID : SA11AI.5254	
City Las Cruces	State NM	Zip Code 88001	Amount of Each Receipt this Period , , 500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 500.00	
Name of Employer Self		Occupation Business owner	Amount of Each Receipt this Period , , 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 500.00		
C. Full Name (Last, First, Middle Initial) Andrew L Jaffee			Date of Receipt M M / D D Y Y Y Y 03 19 2014	
Mailing Address 520 Los Ranchos RD NW APT 52			Transaction ID : SA11AI.5214	
City Los Ranchose	State NM	Zip Code 87107	Amount of Each Receipt this Period , , 250.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 250.00	
Name of Employer POD, Inc.		Occupation Senior Software Developer	Amount of Each Receipt this Period , , 350.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 350.00		
SUBTOTAL of Receipts This Page (optional).....			, , 1250.00	
TOTAL This Period (last page this line number only).....			, ,	

14020303154

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

A. Full Name (Last, First, Middle Initial) Charles Key		Date of Receipt M M / D D Y Y Y Y 02 05 2014	
Mailing Address 4800 Brookwood St NE		Transaction ID : SA11AI.4781	
City Albuquerque	State NM	Zip Code 87109	Amount of Each Receipt this Period \$, \$. 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer none	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$. 250.00		

B. Full Name (Last, First, Middle Initial) Charles Key		Date of Receipt M M / D D Y Y Y Y 03 29 2014	
Mailing Address 4800 Brookwood St NE		Transaction ID : SA11AI.5372	
City Albuquerque	State NM	Zip Code 87109	Amount of Each Receipt this Period \$, \$. 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer none	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$. 750.00		

C. Full Name (Last, First, Middle Initial) Gene Kincaid		Date of Receipt M M / D D Y Y Y Y 01 11 2014	
Mailing Address 2802 Legion		Transaction ID : SA11AI.4690	
City Carlsbad	State NM	Zip Code 88220	Amount of Each Receipt this Period \$, \$. 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation business owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$. 500.00		

SUBTOTAL of Receipts This Page (optional).....	\$, \$. 1250.00
TOTAL This Period (last page this line number only).....	\$, \$.

14020303155

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Gene Kincaid			Date of Receipt M M / D D / Y Y Y Y 03 11 2014		
Mailing Address 2802 Legion			Transaction ID : SA11AI.5189		
City Carlsbad	State NM	Zip Code 88220	Amount of Each Receipt this Period \$, \$, \$ 2000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self		Occupation business owner			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, \$, \$ 2500.00			

Full Name (Last, First, Middle Initial) B. Matt Madrid			Date of Receipt M M / D D / Y Y Y Y 03 18 2014		
Mailing Address 1128 E Amador Ave Suite A			Transaction ID : SA11AI.5212		
City Las Cruces	State NM	Zip Code 88001	Amount of Each Receipt this Period \$, \$, \$ 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self		Occupation Attorney			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, \$, \$ 500.00			

Full Name (Last, First, Middle Initial) C. Carol McMillan			Date of Receipt M M / D D / Y Y Y Y 01 25 2014		
Mailing Address 3025 Majestic Ridge			Transaction ID : SA11AI.4753		
City Las Cruces	State NM	Zip Code 88011	Amount of Each Receipt this Period \$, \$, \$ 1300.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self		Occupation Business owner			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, \$, \$ 1300.00			

SUBTOTAL of Receipts This Page (optional)			\$, \$, \$ 3800.00		
TOTAL This Period (last page this line number only)			\$, \$, \$		

14020303156

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Randy McMillan		Date of Receipt M M D D Y Y Y 01 24 2014	
Mailing Address 3025 Majestic Ridge		Transaction ID : SA11AI.4750	
City Las Cruces	State NM	Zip Code 88011	Amount of Each Receipt this Period , , . 2600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Business owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , . 2600.00		

Full Name (Last, First, Middle Initial) B. Randy McMillan		Date of Receipt M M D D / Y Y Y Y 01 24 2014	
Mailing Address 3025 Majestic Ridge		Transaction ID : SA11AI.4751	
City Las Cruces	State NM	Zip Code 88011	Amount of Each Receipt this Period , , . 1300.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Business owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , . 3900.00		

Full Name (Last, First, Middle Initial) C. Jameson Mott		Date of Receipt M M D D Y Y 03 04 2014	
Mailing Address 2801 Cloudcroft Circle		Transaction ID : SA11AI.4886	
City Las Cruces	State NM	Zip Code 88011	Amount of Each Receipt this Period , , . 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer General Genetics Corporation	Occupation Information Technology		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , . 450.00		

SUBTOTAL of Receipts This Page (optional).....	, , . 4150.00
TOTAL This Period (last page this line number only).....	, , .

14020303157

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Glynus Racine			Date of Receipt M M / D D Y Y Y Y 03 20 2014	
Mailing Address P.O. Box 1409			Transaction ID : SA11AI.5222	
City Capitan	State NM	Zip Code 88316	Amount of Each Receipt this Period , , .	
FEC ID number of contributing federal political committee. C			100.00	
Name of Employer INI		Occupation developer	, , .	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , .	300.00	

Full Name (Last, First, Middle Initial) B. Lee Rawson			Date of Receipt M M / D D Y Y Y Y 01 19 2014	
Mailing Address PO Box 996			Transaction ID : SA11AI.4718	
City Las Cruces	State NM	Zip Code 88004	Amount of Each Receipt this Period , , .	
FEC ID number of contributing federal political committee. C			500.00	
Name of Employer Self		Occupation Business owner	, , .	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , .	500.00	

Full Name (Last, First, Middle Initial) C. Jake Redfearn			Date of Receipt M M / D D Y Y Y Y 03 15 2014	
Mailing Address 5843 Coyote Flats			Transaction ID : SA11AI.5193	
City Las Cruces	State NM	Zip Code 88012	Amount of Each Receipt this Period , , .	
FEC ID number of contributing federal political committee. C			250.00	
Name of Employer Self		Occupation Broker	, , .	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , .	250.00	

SUBTOTAL of Receipts This Page (optional).....	, , .	850.00
TOTAL This Period (last page this line number only).....	, , .	.

14020303158

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 40

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

A. Full Name (Last, First, Middle Initial) James Rich		Date of Receipt M M / D D Y Y Y Y 01 / 22 2014	
Mailing Address 2405 Peggy Ann St		Transaction ID : SA11AI.4739	
City Gallup	State NM	Zip Code 87301	Amount of Each Receipt this Period , , . 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Business owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , . 250.00		
B. Full Name (Last, First, Middle Initial) Angel Salazar		Date of Receipt M M / D D Y Y Y Y 01 / 10 2014	
Mailing Address 2201 W. Wescalero Rd.		Transaction ID : SA11AI.4685	
City Roswell	State NM	Zip Code 88201	Amount of Each Receipt this Period , , . 1300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Business owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , . 1300.00		
C. Full Name (Last, First, Middle Initial) Angel Salazar		Date of Receipt M M / D D Y Y Y Y 01 / 11 2014	
Mailing Address 2201 W. Wescalero Rd.		Transaction ID : SA11AI.4686	
City Roswell	State NM	Zip Code 88201	Amount of Each Receipt this Period , , . 1300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Business owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , . 2600.00		
SUBTOTAL of Receipts This Page (optional).....			, , . 2850.00
TOTAL This Period (last page this line number only).....			, , .

14020303159

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

A. Full Name (Last, First, Middle Initial) David Stevens		Date of Receipt M M D D Y Y Y Y 01 29 2014	
Mailing Address 400 N Pennsylvania Ave, Penn Plaza		Transaction ID : SA11AI.4762	
City State Zip Code Roswell NM 88201	Amount of Each Receipt this Period \$, \$ 500.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ 500.00	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date \$, \$ 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$ 500.00		
B. Full Name (Last, First, Middle Initial) Carl Topley		Date of Receipt M M D D / Y Y Y Y 01 07 / 2014	
Mailing Address PO Box 6656		Transaction ID : SA11AI.5426	
City State Zip Code Las Cruces NM 88006	Amount of Each Receipt this Period \$, \$ 250.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ 250.00	
Name of Employer Steinborn Occupation Realtor	Election Cycle-to-Date \$, \$ 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$ 250.00		
C. Full Name (Last, First, Middle Initial) Jared Wallis		Date of Receipt M M D D Y Y Y Y 03 30 2014	
Mailing Address 5928 Sandia Ct		Transaction ID : SA11AI.5386	
City State Zip Code Las Cruces NM 88012	Amount of Each Receipt this Period \$, \$ 500.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ 700.00	
Name of Employer Bridget Burris DDS PC Occupation Dentist	Election Cycle-to-Date \$, \$ 700.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$ 700.00		
SUBTOTAL of Receipts This Page (optional).....		\$, \$ 1250.00	
TOTAL This Period (last page this line number only).....		\$, \$	

14020303160

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (in Full)
CLEMENTS FOR NM

A. Full Name (Last, First, Middle Initial) Craig Westbrook		Date of Receipt M M D D Y Y Y Y 03 25 2014
Mailing Address PO Box 1707		Transaction ID : SA11A1.5282
City Capitan	State NM	
Zip Code 88316		Amount of Each Receipt this Period \$, \$ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer none	Occupation retired	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date \$, \$ 250.00		

B. Full Name (Last, First, Middle Initial) Karyl Williams		Date of Receipt M M D D Y Y Y Y 03 25 2014
Mailing Address PO Box 1707		Transaction ID : SA11A1.5281
City Capitan	State NM	
Zip Code 88316		Amount of Each Receipt this Period \$, \$ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Stearns learning	Occupation technical writer	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date \$, \$ 350.00		

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / Y Y
Mailing Address		Amount of Each Receipt this Period \$, \$
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Employer	Occupation	
Election Cycle-to-Date \$, \$		

SUBTOTAL of Receipts This Page (optional).....	\$, \$ 500.00
TOTAL This Period (last page this line number only).....	\$, \$ 27850.00

14020303161

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

A. Jeanie Bacas-Coates Full Name (Last, First, Middle Initial) Mailing Address 2637 North Albertson City Hobbs State NM Zip Code 88240 Purpose of Disbursement In-kind - 500 tee-shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M D D Y Y Y 02 27 2014 Amount of Each Disbursement this Period , , 1500.00 Transaction ID : SB17.4860
--	--	---

B. Best Buy Full Name (Last, First, Middle Initial) Mailing Address 2280 E Lohman Ave City Las Cruces State NM Zip Code 88001 Purpose of Disbursement computer Candidate Name CLEMENTS FOR NM Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M D D Y Y Y 01 08 2014 Amount of Each Disbursement this Period , , 423.80 Transaction ID : SB17.5422
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C. Best Buy Full Name (Last, First, Middle Initial) Mailing Address 2280 E Lohman Ave City Las Cruces State NM Zip Code 88001 Purpose of Disbursement computer Candidate Name CLEMENTS FOR NM Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M D D Y Y Y 01 24 2014 Amount of Each Disbursement this Period , , 451.73 Transaction ID : SB17.4966
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SUBTOTAL of Disbursements This Page (optional).....	2375.53
TOTAL This Period (last page this line number only).....	,

14020303162

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Century Link		Date of Disbursement M M D D Y Y Y 03 12 2014
Mailing Address PO Box 29040		Amount of Each Disbursement this Period \$ 316.51 Transaction ID : SB17.5157
City Phoenix	State AZ	
Zip Code 85038-9040	Purpose of Disbursement office internet	001
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Aaron Henry Diaz		Date of Disbursement M M D D Y Y Y 01 04 2014
Mailing Address 6001 Moon St NE		Amount of Each Disbursement this Period \$ 350.00 Transaction ID : SB17.5416
City Albuquerque	State NM	
Zip Code 87111	Purpose of Disbursement wages	001
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Aaron Henry Diaz		Date of Disbursement M M D D Y Y Y 02 03 2014
Mailing Address 6001 Moon St NE		Amount of Each Disbursement this Period \$ 1000.00 Transaction ID : SB17.5022
City Albuquerque	State NM	
Zip Code 87111	Purpose of Disbursement wages	001
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	1666.51
TOTAL This Period (last page this line number only).....	\$	\$	

14020303163

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Aaron Henry Diaz		Date of Disbursement M M D D Y Y Y Y 03 02 2014	
Mailing Address 6001 Moon St NE		Amount of Each Disbursement this Period \$ 300.00	
City Albuquerque	State NM	Zip Code 87111	Transaction ID : SB17.5138
Purpose of Disbursement wages		001 Category/ Type	
Candidate Name CLEMENTS FOR NM		Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

Full Name (Last, First, Middle Initial) B. Aaron Henry Diaz		Date of Disbursement M M D D Y Y Y Y 03 03 2014	
Mailing Address 6001 Moon St NE		Amount of Each Disbursement this Period \$ 700.00	
City Albuquerque	State NM	Zip Code 87111	Transaction ID : SB17.5139
Purpose of Disbursement wages		001 Category/ Type	
Candidate Name CLEMENTS FOR NM		Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

Full Name (Last, First, Middle Initial) C. Digital Solutions		Date of Disbursement M M D D Y Y Y Y 02 11 2014	
Mailing Address 1100 S. Main Ste. 110		Amount of Each Disbursement this Period \$ 387.23	
City Las Cruces	State NM	Zip Code 88005	Transaction ID : SB17.5054
Purpose of Disbursement printing		006 Category/ Type	
Candidate Name CLEMENTS FOR NM		Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	1387.23
TOTAL This Period (last page this line number only).....	\$	\$	

14020303164

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. EEI Signs		Date of Disbursement M M / D D Y Y Y 03 / 07 2014	
Mailing Address 1905 West Picacho		Amount of Each Disbursement this Period \$, , 2086.66	
City Las Cruces	State NM	Zip Code 88005	Transaction ID : SB17.5147
Purpose of Disbursement printing		006	
Candidate Name CLEMENTS FOR NM		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM District: 00			

Full Name (Last, First, Middle Initial) B. FedEx/Kinko's		Date of Disbursement M M / D D Y Y Y 02 / 17 2014	
Mailing Address 1001 E University Ave		Amount of Each Disbursement this Period \$, , 2015.05	
City Las Cruces	State NM	Zip Code 88011	Transaction ID : SB17.5083
Purpose of Disbursement printing		006	
Candidate Name CLEMENTS FOR NM		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM District: 00			

Full Name (Last, First, Middle Initial) C. Giant Gas Station		Date of Disbursement M M / D D Y Y Y 03 / 20 2014	
Mailing Address Various		Amount of Each Disbursement this Period \$, , 45.20	
City Various	State NM	Zip Code 88011	Transaction ID : SB17.5313
Purpose of Disbursement fuel		002	
Candidate Name CLEMENTS FOR NM		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM District: 00			

SUBTOTAL of Disbursements This Page (optional).....	\$, , 4146.91
TOTAL This Period (last page this line number only).....	\$, , .

14020303165

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Harden Global		Date of Disbursement M M D D / Y Y Y Y 01 27 2014
Mailing Address 101 N. Columbus Street, Suite 202		Amount of Each Disbursement this Period \$ 5000.00 Transaction ID : SB17.4983
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement strategic consulting	001	Transaction ID : SB17.4983
Candidate Name CLEMENTS FOR NM	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Harden Global		Date of Disbursement M M D D / Y Y 03 22 2014
Mailing Address 101 N. Columbus Street, Suite 202		Amount of Each Disbursement this Period \$ 5157.60 Transaction ID : SB17.5325
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement strategic consulting	001	Transaction ID : SB17.5325
Candidate Name CLEMENTS FOR NM	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Hertz Rent a Car		Date of Disbursement M M D D / Y Y 02 13 2014
Mailing Address 201 East University		Amount of Each Disbursement this Period \$ 197.93 Transaction ID : SB17.5062
City Las Cruces	State NM Zip Code 88011	
Purpose of Disbursement fuel	002	Transaction ID : SB17.5062
Candidate Name CLEMENTS FOR NM	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	\$ 10355.53
TOTAL This Period (last page this line number only).....	\$

14020303166

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 40

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Isaac Kight		Date of Disbursement M M / D D Y Y Y Y 03 22 2014
Mailing Address PO Box 876		Amount of Each Disbursement this Period \$ 2000.00 Transaction ID : SB17.5323
City Mesilla Park	State NM	
Zip Code 88047	Purpose of Disbursement wages	001
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Mike Nagel		Date of Disbursement M M / D D Y Y Y Y 02 14 2014
Mailing Address 301 Sycamore NE		Amount of Each Disbursement this Period \$ 1000.00 Transaction ID : SB17.5069
City Albuquerque	State NM	
Zip Code 87106	Purpose of Disbursement wages	001
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Office Max		Date of Disbursement M M / D D Y Y Y Y 01 19 2014
Mailing Address 2561 East Lohman, Suite C		Amount of Each Disbursement this Period \$ 110.33 Transaction ID : SB17.4941
City Las Cruces	State NM	
Zip Code 88011	Purpose of Disbursement mailer materials	003
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	3110.33
TOTAL This Period (last page this line number only).....	\$	\$	

14020303167

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Office Max		Date of Disbursement M M D D Y Y Y 01 21 2014
Mailing Address 2561 East Lohman, Suite C		Amount of Each Disbursement this Period \$ \$ 124.72 Transaction ID : SB17.4949
City Las Cruces State NM Zip Code 88011	Category/Type 003	
Purpose of Disbursement mailer materials	Candidate Name CLEMENTS FOR NM	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NM District: 00		

Full Name (Last, First, Middle Initial) B. Office Max		Date of Disbursement M M D D / Y Y 02 14 2014
Mailing Address 2561 East Lohman, Suite C		Amount of Each Disbursement this Period \$ \$ 55.91 Transaction ID : SB17.5065
City Las Cruces State NM Zip Code 88011	Category/Type 003	
Purpose of Disbursement mailer materials	Candidate Name CLEMENTS FOR NM	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NM District: 00		

Full Name (Last, First, Middle Initial) C. Office Max		Date of Disbursement M M / J D Y Y 02 19 2014
Mailing Address 2561 East Lohman, Suite C		Amount of Each Disbursement this Period \$ \$ 33.33 Transaction ID : SB17.5094
City Las Cruces State NM Zip Code 88011	Category/Type 003	
Purpose of Disbursement mailer materials	Candidate Name CLEMENTS FOR NM	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NM District: 00		

SUBTOTAL of Disbursements This Page (optional).....	\$ \$ 213.96
TOTAL This Period (last page this line number only).....	\$ \$ *

14020303168

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

A. Office Max Full Name (Last, First, Middle Initial) Mailing Address 2561 East Lohman, Suite C City Las Cruces State NM Zip Code 88011 Purpose of Disbursement supplies Candidate Name CLEMENTS FOR NM Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: NM District: 00		Date of Disbursement M M / D D / Y Y 03 / 18 / 2014 Amount of Each Disbursement this Period \$ 58.89 Transaction ID : SB17.5180
B. Office Max Full Name (Last, First, Middle Initial) Mailing Address 2561 East Lohman, Suite C City Las Cruces State NM Zip Code 88011 Purpose of Disbursement printing Candidate Name CLEMENTS FOR NM Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: NM District: 00		Date of Disbursement M M / D D / Y Y 03 / 25 / 2014 Amount of Each Disbursement this Period \$ 46.02 Transaction ID : SB17.5336
C. Office Max Full Name (Last, First, Middle Initial) Mailing Address 2561 East Lohman, Suite C City Las Cruces State NM Zip Code 88011 Purpose of Disbursement printing Candidate Name CLEMENTS FOR NM Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: NM District: 00		Date of Disbursement M M / D D / Y Y 03 / 25 / 2014 Amount of Each Disbursement this Period \$ 27.83 Transaction ID : SB17.5337
SUBTOTAL of Disbursements This Page (optional).....		\$ 132.74
TOTAL This Period (last page this line number only).....		\$

14020303169

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 40

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. PicQuick Gas Station		Date of Disbursement M M / D D / Y Y 01 / 20 / 2014
Mailing Address Various		Amount of Each Disbursement this Period \$ 35.15 Transaction ID : SB17.4943
City Las Cruces	State NM	
Zip Code 88011	Purpose of Disbursement fuel	002
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. PicQuick Gas Station		Date of Disbursement M M / D D / Y Y 02 / 06 / 2014
Mailing Address Various		Amount of Each Disbursement this Period \$ 44.85 Transaction ID : SB17.5040
City Las Cruces	State NM	
Zip Code 88011	Purpose of Disbursement fuel	002
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. PicQuick Gas Station		Date of Disbursement M M / D D / Y Y 02 / 08 / 2014
Mailing Address Various		Amount of Each Disbursement this Period \$ 20.88 Transaction ID : SB17.5044
City Las Cruces	State NM	
Zip Code 88011	Purpose of Disbursement fuel	002
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	\$ 100.88
TOTAL This Period (last page this line number only).....	

14020303170

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 40

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. PicQuick Gas Station		Date of Disbursement M M D D Y Y Y Y 02 10 2014
Mailing Address Various		Amount of Each Disbursement this Period \$ 54.23 Transaction ID : SB17.5050
City Las Cruces	State NM	
Purpose of Disbursement fuel	002	Candidate Name CLEMENTS FOR NM Category/ Type
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NM District: 00	

Full Name (Last, First, Middle Initial) B. PicQuick Gas Station		Date of Disbursement M M D D Y Y Y Y 02 13 2014
Mailing Address Various		Amount of Each Disbursement this Period \$ 29.93 Transaction ID : SB17.5060
City Las Cruces	State NM	
Purpose of Disbursement fuel	002	Candidate Name CLEMENTS FOR NM Category/ Type
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NM District: 00	

Full Name (Last, First, Middle Initial) C. PicQuick Gas Station		Date of Disbursement M M D D Y Y Y Y 02 15 2014
Mailing Address Various		Amount of Each Disbursement this Period \$ 35.99 Transaction ID : SB17.5072
City Las Cruces	State NM	
Purpose of Disbursement fuel	002	Candidate Name CLEMENTS FOR NM Category/ Type
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NM District: 00	

SUBTOTAL of Disbursements This Page (optional) \$ 120.15
TOTAL This Period (last page this line number only)

14020303171

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 29 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. PicQuick Gas Station		Date of Disbursement M M D D Y Y Y Y 02 16 2014	
Mailing Address Various		Amount of Each Disbursement this Period \$ 23.86	
City Las Cruces	State NM	Zip Code 88011	Category/ Type 002
Purpose of Disbursement fuel		Transaction ID : SB17.5079	
Candidate Name CLEMENTS FOR NM		Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

Full Name (Last, First, Middle Initial) B. PicQuick Gas Station		Date of Disbursement M M D D / Y Y 02 27 2014	
Mailing Address Various		Amount of Each Disbursement this Period \$ 26.78	
City Las Cruces	State NM	Zip Code 88011	Category/ Type 002
Purpose of Disbursement fuel		Transaction ID : SB17.5134	
Candidate Name CLEMENTS FOR NM		Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

Full Name (Last, First, Middle Initial) C. PicQuick Gas Station		Date of Disbursement M M / D D Y Y 03 16 2014	
Mailing Address Various		Amount of Each Disbursement this Period \$ 46.63	
City Las Cruces	State NM	Zip Code 88011	Category/ Type 002
Purpose of Disbursement fuel		Transaction ID : SB17.5178	
Candidate Name CLEMENTS FOR NM		Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

SUBTOTAL of Disbursements This Page (optional).....	\$ 97.27
TOTAL This Period (last page this line number only).....	

14020303172

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. PicQuick Gas Station		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address Various		Amount of Each Disbursement this Period \$ 39.09 Transaction ID : SB17.5319
City Las Cruces	State NM	
Zip Code 88011	Purpose of Disbursement fuel	Category/ Type 002
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NM District: 00	

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period \$ 93.69 Transaction ID : SB17.5432
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement fees and percentage of online donations	Category/ Type 003
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NM District: 00	

Full Name (Last, First, Middle Initial) C. Joshua Ravak		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 5866 Habanero Dr		Amount of Each Disbursement this Period \$ 205.00 Transaction ID : SB17.5164
City Las Cruces	State NM	
Zip Code 88012	Purpose of Disbursement wages	Category/ Type 005
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NM District: 00	

SUBTOTAL of Disbursements This Page (optional)	\$ 337.78
TOTAL This Period (last page this line number only)	\$

14020303173

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 40

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Republican Party of New Mexico		Date of Disbursement M M / D D / Y Y Y 03 / 07 / 2014
Mailing Address 5150-A San Francisco N.E.		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.5152
City Albuquerque	State NM Zip Code 87109	
Purpose of Disbursement staff convention registration	Category/Type 007	
Candidate Name CLEMENTS FOR NM		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Ana Maria Salazar		Date of Disbursement M M / D D / Y Y Y 01 / 16 / 2014
Mailing Address 2948 Missouri		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4925
City Las Cruces	State NM Zip Code 88011	
Purpose of Disbursement wages	Category/Type 001	
Candidate Name CLEMENTS FOR NM		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Ana Maria Salazar		Date of Disbursement M M / D D / Y Y Y 02 / 02 / 2014
Mailing Address 2948 Missouri		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5019
City Las Cruces	State NM Zip Code 88011	
Purpose of Disbursement wages	Category/Type 001	
Candidate Name CLEMENTS FOR NM		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional) 4090.00
TOTAL This Period (last page this line number only)

14020303175

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Ana Maria Salazar		Date of Disbursement M M D D Y Y Y 02 13 2014
Mailing Address 2948 Missouri		Amount of Each Disbursement this Period \$ 2025.00 Transaction ID : SB17.5061
City Las Cruces	State NM	
Purpose of Disbursement wages	Category/ Type 001	Amount of Each Disbursement this Period \$ 2000.00 Transaction ID : SB17.5130
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NM District: 00	

Full Name (Last, First, Middle Initial) B. Ana Maria Salazar		Date of Disbursement M M D D Y Y Y 02 26 2014
Mailing Address 2948 Missouri		Amount of Each Disbursement this Period \$ 2000.00 Transaction ID : SB17.5130
City Las Cruces	State NM	
Purpose of Disbursement wages	Category/ Type 001	Amount of Each Disbursement this Period \$ 1500.00 Transaction ID : SB17.5159
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NM District: 00	

Full Name (Last, First, Middle Initial) C. Ana Maria Salazar		Date of Disbursement M M D D Y Y Y 03 13 2014
Mailing Address 2948 Missouri		Amount of Each Disbursement this Period \$ 1500.00 Transaction ID : SB17.5159
City Las Cruces	State NM	
Purpose of Disbursement wages	Category/ Type 001	Amount of Each Disbursement this Period \$ 5525.00
Candidate Name CLEMENTS FOR NM	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NM District: 00	

SUBTOTAL of Disbursements This Page (optional).....	\$ 5525.00
TOTAL This Period (last page this line number only).....	\$

14020303176

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 40

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Ana Maria Salazar		Date of Disbursement M M D D Y Y 03 27 2014	
Mailing Address 2948 Missouri		Amount of Each Disbursement this Period 1500.00	
City Las Cruces	State NM	Zip Code 88011	Transaction ID : SB17.5342
Purpose of Disbursement wages		001	
Candidate Name CLEMENTS FOR NM		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

Full Name (Last, First, Middle Initial) B. James Shult		Date of Disbursement M M D D Y Y 03 14 2014	
Mailing Address 134 Maravilla Ln		Amount of Each Disbursement this Period 251.60	
City Mesquite	State NM	Zip Code 88048	Transaction ID : SB17.5166
Purpose of Disbursement wages		005	
Candidate Name CLEMENTS FOR NM		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

Full Name (Last, First, Middle Initial) C. Staples		Date of Disbursement M M D D Y Y 02 17 2014	
Mailing Address 2260 East Lohman Ave		Amount of Each Disbursement this Period 180.63	
City Las Cruces	State NM	Zip Code 88001	Transaction ID : SB17.5081
Purpose of Disbursement mailer materials		006	
Candidate Name CLEMENTS FOR NM		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

SUBTOTAL of Disbursements This Page (optional)..... 1932.23

TOTAL This Period (last page this line number only).....

14020303177

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 40

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Transaxt		Date of Disbursement M M D D Y Y Y Y 03 31 2014	
Mailing Address 190 Monroe Avenue		Amount of Each Disbursement this Period \$ 413.04	
City Grand Rapids	State MI	Zip Code 49503	Transaction ID : SB17.5430
Purpose of Disbursement Online donation fee		003	
Candidate Name CLEMENTS FOR NM		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M D D Y Y Y Y 03 01 2014	
Mailing Address 233 S. Wacker Dr.		Amount of Each Disbursement this Period \$ 499.00	
City Chicago	State IL	Zip Code 60606	Transaction ID : SB17.5136
Purpose of Disbursement airfare		002	
Candidate Name CLEMENTS FOR NM		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

Full Name (Last, First, Middle Initial) C. United States Post Office		Date of Disbursement M M D D Y Y Y Y 01 08 2014	
Mailing Address 310 E UNION AVE		Amount of Each Disbursement this Period \$ 1.12	
City Mesilla Park	State NM	Zip Code 88047	Transaction ID : SB17.5423
Purpose of Disbursement postage		001	
Candidate Name CLEMENTS FOR NM		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

SUBTOTAL of Disbursements This Page (optional) \$ 913.16

TOTAL This Period (last page this line number only)

14020303178

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 40

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. United States Post Office		Date of Disbursement M M D D Y Y Y Y 01 21 2014
Mailing Address 310 E UNION AVE		Amount of Each Disbursement this Period \$ 483.00 Transaction ID : SB17.4947
City Mesilla Park	State NM	
Purpose of Disbursement postage		003
Candidate Name CLEMENTS FOR NM		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NM	District: 00	

Full Name (Last, First, Middle Initial) B. United States Post Office		Date of Disbursement M M D D Y Y Y Y 01 28 2014
Mailing Address 310 E UNION AVE		Amount of Each Disbursement this Period \$ 49.00 Transaction ID : SB17.4987
City Mesilla Park	State NM	
Purpose of Disbursement postage		003
Candidate Name CLEMENTS FOR NM		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NM	District: 00	

Full Name (Last, First, Middle Initial) C. United States Post Office		Date of Disbursement M M D D Y Y Y Y 01 29 2014
Mailing Address 310 E UNION AVE		Amount of Each Disbursement this Period \$ 5.40 Transaction ID : SB17.4995
City Mesilla Park	State NM	
Purpose of Disbursement postage		001
Candidate Name CLEMENTS FOR NM		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NM	District: 00	

SUBTOTAL of Disbursements This Page (optional) \$ 537.40
TOTAL This Period (last page this line number only)

14020303179

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

A. United States Post Office Full Name (Last, First, Middle Initial) Mailing Address 310 E UNION AVE City Mesilla Park State NM Zip Code 88047 Purpose of Disbursement postage Candidate Name CLEMENTS FOR NM Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: NM District: 00		Date of Disbursement M M D D Y Y Y Y 02 14 2014 Amount of Each Disbursement this Period \$ 49.00 Transaction ID : SB17.5071
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B. United States Post Office Full Name (Last, First, Middle Initial) Mailing Address 310 E UNION AVE City Mesilla Park State NM Zip Code 88047 Purpose of Disbursement postage Candidate Name CLEMENTS FOR NM Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: NM District: 00		Date of Disbursement M M D D Y Y Y Y 02 18 2014 Amount of Each Disbursement this Period \$ 669.42 Transaction ID : SB17.5090
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C. United States Post Office Full Name (Last, First, Middle Initial) Mailing Address 310 E UNION AVE City Mesilla Park State NM Zip Code 88047 Purpose of Disbursement postage Candidate Name CLEMENTS FOR NM Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: NM District: 00		Date of Disbursement M M D D Y Y Y Y 02 19 2014 Amount of Each Disbursement this Period \$ 288.00 Transaction ID : SB17.5093
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SUBTOTAL of Disbursements This Page (optional).....	\$ 1006.42
TOTAL This Period (last page this line number only).....	\$

14020303180

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Wal-Mart		Date of Disbursement M M D D Y Y 01 19 2014	
Mailing Address Various		Amount of Each Disbursement this Period \$ 215.78 Transaction ID : SB17.4937	
City Las Cruces	State NM		Zip Code 88011
Purpose of Disbursement mailer materials	003		
Candidate Name CLEMENTS FOR NM	Category/ Type		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

Full Name (Last, First, Middle Initial) B. Wal-Mart		Date of Disbursement M M D D Y Y 01 21 2014	
Mailing Address Various		Amount of Each Disbursement this Period \$ 111.74 Transaction ID : SB17.4948	
City Las Cruces	State NM		Zip Code 88011
Purpose of Disbursement mailer materials	003		
Candidate Name CLEMENTS FOR NM	Category/ Type		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NM	District: 00		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M D D Y Y	
Mailing Address		Amount of Each Disbursement this Period \$	
City	State		Zip Code
Purpose of Disbursement	Category/ Type		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	327.52
TOTAL This Period (last page this line number only).....	\$	\$	38947.35

14020303182

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CLEMENTS FOR NM

Full Name (Last, First, Middle Initial) A. Las Cruces Tea Party		Date of Disbursement MM DD YY 01 27 2014
Mailing Address P.O. Box 1168		Amount of Each Disbursement this Period \$ 1000.00 Transaction ID : SB20A.5450
City Las Cruces	State NM	
Purpose of Disbursement Refund of 12/23 contribution		Category/ Type 010
Candidate Name CLEMENTS FOR NM		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NM	District: 00	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM /
Mailing Address		Amount of Each Disbursement this Period \$
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M
Mailing Address		Amount of Each Disbursement this Period \$
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	1000.00
TOTAL This Period (last page this line number only).....	\$	\$	1000.00

14020303183

ements for New Mexico
O Box 876
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SUPERINTENDENT
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United States Senate

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

NEXT BUSINESS DAY DELIVERY

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

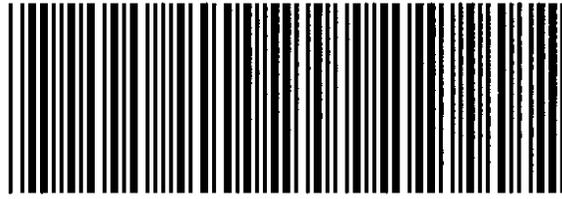
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FAX _____
Date of Receipt

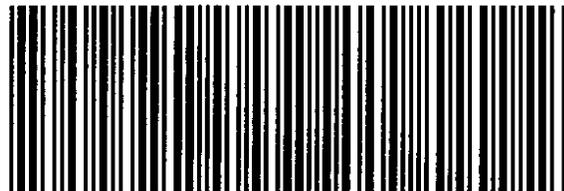
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